| Case 19-22928-JAD Doc 1 Filed 07/24/19 ion to identify your case: | 9 Entered 07/24/19 12:06:36 Desc Page 1 of 44 |
|--|--|
| western District of Pennsylvania umber (If known): 19-32/38 Chapter you are filing under: The Chapter 11 Chapter 12 Chapter 13 | FILED 2019 JUL 24 AM11: 54 # 1594/ CLERK U.S. BANKRUPTCY COURT PITTSBURGH Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself | <u> </u> | |
|---------------|--|---|---|
| 1. | Your full name | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| | Write the name that is on your government-issued picture identification (for example, your | THOMAS First name | First name |
| | driver's license or passport). | Middle name | Middle name |
| | Bring your picture identification to your meeting with the trustee. | BROWN Last name | Last name |
| ON SERVICE | POLICE SHAPE OF CONTROL OF SHAPE SHAPE SHAPE OF SHAPE SHAPE CONTROL OF EAST OF SHAPE | Suffix (Sr., Jr, II, III) | Suffix (Sr., Jr, II, III) |
| | All other names you have used in the last 8 years | | |
| | Include your married or maiden | First name | First name |
| | names. | Middle name | Middle name |
| | | Last name | Last name |
| | | First name | First name |
| | | Middle name | Middle name |
| 180 00/1500/5 | | Last name | Last name |
| | Only the last 4 digits of your | | |
| | Social Security number or federal Individual Taxpayer | xxx-xx- <u>0</u> <u>9</u> <u>4</u> <u>7</u> OR | xxx-xx OR |
| our make, i | Identification number (ITIN) | 9xx-xx | 9xx-xx |

Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Desc Volumeter Weltition Page 2 of 44 Case number (if known) Case 19-22928-JAD Debtor 1

THOMAS

First Name

Middle Name

Last Name

| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|---|---|---|--|--|--|
| Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | I have not used any business names or EINs. | ☐ I have not used any business names or EINs. | | | |
| Include trade names and doing business as names | Business name | Business name | | | |
| | Business name | Business name | | | |
| | EIN | EIN | | | |
| | EIN | EIN | | | |
| Where you live | | If Debtor 2 lives at a different address: | | | |
| | 587 Thompson Run Rd Number Street | Number Street | | | |
| | Pittsburgh, PA 15237-3972 City State ZIP Code | City State ZIP Code | | | |
| | Allegheny | City State ZIP Code | | | |
| | County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | County If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any not to you at this mailing address. | | | |
| | Number Street | Number Street | | | |
| | P.O. Box | P.O. Box | | | |
| | City State ZIP Code | City State ZIP Code | | | |
| Why you are choosing <i>this</i> district to file for bankruptcy | Check one: | Check one: | | | |
| ,,, | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| ` | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408) | I have another reason. Explain. (See 28 U.S.C. § 1408) | | | |
| | | | | | |
| | | | | | |

Case 19-22928-JAD Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Desc

etition Page 3 of 44 Case number (if known)

| Debtor 1 THOMAS VOIUBEOUND PE |
|-------------------------------|
|-------------------------------|

First Name

Middle Name

Last Name

| ~ . | t 2: Tell the Court About Yo | | | | | | |
|-------|---|--|--|--|--|--|--|
| 7. | The chapter of the Bankruptcy | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form B2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | |
| | Code you are choosing to file under | Ò | napter 7 | . • | • • | | |
| | undei | ☐ Ch | napter 11 | | | | |
| | | ☐ cr | napter 12 | | | | |
| | | ☑ Ch | napter 13 | | | | |
| • | How you will pay the fee | abou orde | it how you may pay. Typically | , if you are paying the fee | yourself, you may pa | office in your local court for more details ay with cash, cashier's check, or money may pay with a credit card or check with | |
| | | | ed to pay the fee in instalin r Filing Fee in Installments (| | option, sign and attac | ch the Application for Individuals to Pay | |
| | | ☐ I rec | uest that my fee be waived | I (You may request this o | ption only if you are t | iling for Chapter 7. By law, a judge may, | |
| | | that | applies to your family size ar | nd you are unable to pay t | the fee in installment | s than 150% of the official poverty line s). If you choose this option, you must fill 03B) and file it with your petition. | |
| 5636 | and Lawrence of American States (American States) (American States States States States) (American States State | ₩ No. | ZHEMMAR TIHAN KAMBAN LU BAR ZI SAN ZINI MARA PARAMATAN MARA LUNA SAN KAMBAN KAMBAN KAMBAN KAMBAN KAMBAN KAMBAN | THE POSITION OF THE POSITION O | gene parrian sun seus annan menter seus seus seus seus seus seus seus se | | |
| | Have you filed for bankruptcy within the last 8 years? | | District | Mho | | Casa numbar | |
| | within the last o years: | — 103. | DISTRICT | Whe | MM / DD / YYYY | Case number | |
| | | | District | Whe | | Case number | |
| | | | Diod ioc | | MM / DD / YYYY | | |
| | | | District | Whe | n | Case number | |
| | | | | | MM / DD / YYYY | | |
| | er printed fra ne i greek 10 stelle fra een omte om en franzische Franzische franzische Franzische franzische F | ∑ 1 No. | a ang ang ang ang ang ang ang ang ang an | e de la company de la comp | tekkong at engang at Proposition (a real at South State West, France & | est autori esta a menera esta de la compansa esta esta su esta de esta esta esta esta esta esta esta est | |
|). | Are any bankruptcy cases pending or being filed by a | ☐Yes. | Debtor | | | Relationship to you | |
| | spouse who is not filing this | | | When | | Case number, if known | |
| | case with you, or by a business partner, or by an affiliate? | | District | | MM/DD/YYYY | Case number, il known | |
| | | | Debtor | | | Relationship to you | |
| | | | District | When _ | | Case number, if known | |
| | | | | N | MM / DD / YYYY | | |
| | | and the same of th | Han Lines Ann an Thursday Lines and Anna Charles and Anna Charles and Anna Anna Anna Anna Anna Anna Anna | | | a necessor a e e 1996 e de merco de comercio e e e e e e e e e e e e e e e e e e e | |
| 18.24 | | ₩ No. | Go to line 12. | | | | |
| 1. | Do you rent your residence? | | Go to line 12. Has your landlord obtaine | d an eviction iudoment ac | aainst vou? | | |
| 1. | Do you rent your residence? | | . Has your landlord obtaine | d an eviction judgment aç | gainst you? | | |
| 1. | Do you rent your residence? | | Has your landlord obtaine No. Go to line 12. | | | <i>'ou</i> (Form 101A) and file it as part | |

Case 19-22928-JAD Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Voluntial Volunt Debtor 1 THOMAS Middle Name Last Name First Name Part 3: Report About Any Businesses You Own as a Sole Proprietor No. Go to Part 4. 12. Are you a sole proprietor of any Yes. Name and location of business full- or part-time business? A sole proprietorship is a business you operate as an individual, and is Name of business, if any not a separate legal entity such as a corporation, partnership, or LLC. Number Street If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. ZIP Code City State Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) ☐ None of the above If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate 13. Are you filing under Chapter 11 deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of of the Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in you a small business debtor? 11 U.S.C. § 1116(1)(B). For a definition of small business Mo. I am not filing under Chapter 11. debtor, see 11 U.S.C. § 101(51D). ☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention M No. 14. Do you own or have any property that poses or is What is the hazard? alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate If immediate attention is needed, why is it needed? ___ attention? For example, do you own

Number

City

Street

Where is the property?

ZIP Code

State

perishable goods, or livestock that must be fed, or a building that

needs urgent repairs?

Debtor 1

Part 5:

Case 19-22928-JAD Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Volume Petition Page 5 of 44 Case number (if known)

THOMAS

First Name

Middle Name

Explain Your Efforts to Receive a Briefing About Credit Counseling

You must check one:

Last Name

About Debtor 2 (Spouse Only in a Joint Case):

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

I received a briefing from an approved credit counseling agency within the 180 before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| u | I am not required to receive a briefing about credi |
|---|---|
| | counseling because of: |

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational

decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the

internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

You must check one:

I received a briefing from an approved credit counseling agency within the 180 before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if anv.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

Incapacity. I have a mental illness or a mental deficiency that makes me incapable

of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the

internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Desc Volumeter with Page 6 of 44 Case number (if known) Case 19-22928-JAD

THOMAS

First Name

Last Name

Middle Name

| Par | 6: Answer These Que | stions for | Reporting Purposes | | | | | |
|---|---|---------------------|--|--|--|--|---|--|
| 16. | What kind of debts do you | 16a. | | Are your debts primarity consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarity for a personal, family, or household purpose." | | | | |
| | have? | | No. Go to line 16b. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money fo business or investment or through the operation of the business or investment. | | | | | | urred to obtain money for a | | |
| | | | No. Go to line 16c. | isougiiai | e operation of the business of inve | Surione | | |
| | | Yes. Go to line 17. | | | | | | |
| | | | Les. Go to line 17. | | | | | |
| | | 16c. | State the type of debts you | owe that a | are not consumer debts or business | s debts. | | |
| 17. | Are you filing under Chapte | er 7? 🗹 | No. I am not filing under | Chapter 7 | . Go to line 18. | | esenterizzako el emplementro el altri anti en circumini con 1700 e troma el mentro del trata en 1600. | |
| | Do you estimate that after a exempt property is exclude | _ | | | you estimate that after any exemp | | | |
| | and administrative expenses are paid that funds will be | | □ No | iat iai ias | | oodiod ord | alloro. | |
| | available for distribution to unsecured creditors? | • | Yes | | | | | |
| America de Calenda | lenterente Takologisko illentera kisteria eta erretakionisterakoan basi errekiskologisko eta eta eta eta eta e | | 1-49 🔲 50-99 | | 1,000-5,000 🗖 5,001-10,000 | 2 : | 5,001-50,000 🔲 50,000-100,000 | |
| 18. | How many creditors do you estimate that you owe? | | 100-199 🔲 200-999 | | 10,001-25,000 | □ N | fore than 100,000 | |
| | en e | | \$0-\$50,000 | | \$1,000,001-\$10 million | | \$500,000,001-\$1 billion | |
| 19. | How much do you estimate | | \$50,001-\$100,000 | | \$10,000,001-\$50 million | | \$1,000,000,001-\$10 billion | |
| | your assets to be worth? | A | \$100,001-\$500,000 | | \$50,000,001-\$100 million | | \$10,000,000,001-\$50 billion | |
| | | | \$500,001-\$1 million | | \$100,000,001-\$500 million | | More than \$50 billion | |
| CSEASON SANGA | TO SECOND SE | | \$0-\$50,000 | | \$1,000,001-\$10 million | | \$500,000,001-\$1 billion | |
| 20. | How much do you estimate | | \$50,001-\$100,000 | | \$10,000,001-\$50 million | | \$1,000,000,001-\$10 billion | |
| | your liabilities to be? | | \$100,001-\$500,000 | | \$50,000,001-\$100 million | | \$10,000,000,001-\$50 billion | |
| | | | \$500,001-\$1 million | | \$100,000,001-\$500 million | | More than \$50 billion | |
| Par | t 7: Sign Below | | | | | | | |
| _ | | | ad their matthews and I declare | | cells of norism that the information | provided in | a true and correct | |
| ĻĢ | • | | | | nalty of perjury that the information hat I may proceed, if eligible, unde | - | | |
| | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. | | | | | | er 7. | |
| If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | elp me fill out this document, I have | | |
| I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | lition. | | | |
| I understand making a false statement, concealing property, or obtaining money or property by fraud in connect can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, a | | | | | ud in connection with a bankruptcy case 341, 1519, and 3571. | | | |
| | | v // | ////- | | _ | , | | |
| | | K / | AC PROMINI Pakes 1 | | | | | |
| | | (/ | AS BROWN /Debtor 1 ed on 06/26/2019 | | | | | |
| | | | MM/ DD/ YYYY | alane (Ave III) who are war | 100 TO 10 | an Ti Shortig (no gang dinggan aya san a a sinana a sinana a | ын даминдин кыргы да жанун жарамда жаруу кайра байга маганда катан жаранда тарын жарат. | |
| an Administration | en de la company de la composition de la company de la | | | | and the state of t | | | |

Case 19-22928-JAD Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Volumental Volumental

Debtor 1 **THOMAS**

Middle Name First Name

Last Name

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruntcy Code, the Federal Rules of Bankruntcy Procedure, and the local rules of the court in which your case is filed. You

| must also be familiar with any state exemption laws that apply. | The life local fules of the countril which your case is liked. To |
|---|---|
| Are you aware that filing for bankruptcy is a serious action with k | ong-term financial and legal consequences? |
| □ No | |
| ☑ Yes | |
| Are you aware that bankruptcy fraud is a serious crime and that if could be fined or imprisoned? | your bankruptcy forms are inaccurate or incomplete, you |
| ☐ No | |
| ☑ Yes | |
| Did you pay or agree to pay someone who is not an attorney to he | elp you fill out your bankruptcy forms? |
| ☑ No | |
| Yes. Name of person | tion, and Signature (Official Form 119). |
| By signing here, I acknowledge that I understand the risks involve notice, and I am aware that filing a bankruptcy case without an attemproperly handle the case. THOMAS BROWN, Debtor 1 Date 06/26/2019 MM/ DD/ YYYY | |
| Contact phone (412) 951-8539 | Contact phone |
| Cell phone | Cell phone |
| Email address TBR0013@GMAIL.COM | Email address |
| | |

Case 19-22928-JAD Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Fill in this information to identify your case: Debtor 1 **THOMAS BROWN** First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Western District of Pennsylvania Check if this is an amended filing (if known) Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form, If you are filling amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. Part 1: Summarize Your Assets Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) \$114,381.00 1a. Copy line 55, Total real estate, from Schedule A/B...... \$0.00 1b. Copy line 62, Total personal property, from Schedule A/B..... \$114,381.00 1c. Copy line 63, Total of all property on Schedule A/B...... Part 2: Summarize Your Liabilities Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) \$0.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D...... 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) \$0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F...... \$0.00 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... Your total liabilities \$0.00 Part 3: Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) \$0.00 Copy your combined monthly income from line 12 of Schedule I..... 5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J..... \$1,070.00

Debtor 1

Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Desc Volumeter with Petition Page 9 of 44 Case number (if known) Case 19-22928-JAD

THOMAS First Name

Middle Name

Last Name

| Part 4: Answer These Questions for Administrative and Statistical Records | | | | | | |
|---|-------------|--|--|--|--|--|
| 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes | | | | | | |
| 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primaril family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Chec this form to the court with your other schedules. | § 159. | Con March and Company and Comp | | | | |
| 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | ial \$0.00 |] | | | | |
| 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: | Total claim | | | | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$0.00 | | | | | |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$0.00 | | | | | |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$0.00 | | | | | |
| 9d. Student loans. (Copy line 6f.) | \$0.00 | | | | | |
| 9e.Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$0.00 | | | | | |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$0.00 | | | | | |
| 9g. Total . Add lines 9a through 9f. | \$0.00 | | | | | |

| | Case 19-22928-JAD | Doc 1 Filed 07/24/19 | Entered 07/24/19 12:06:36 | Desc |
|---------------------|--|--|--|--|
| Fill in this inform | nation to identify your case and this filin | g. | of 44 | |
| Debtor 1 | THOMAS | BROWN | | |
| | First Name Middle | Name Last Name | | |
| Debtor 2 | | | | |
| (Spouse, if filin | ng) First Name Middle | Name Last Name | | |
| United States | Bankruptcy Court for the: | Western District of Pennsylvania | | Check if this is an |
| Case number | | | | amended filing |
| Official E | orm 106A/B | | | |
| | le A/B: Property | | | 12/15 |
| ☐ No. Go | , , | est in any residence, building, land, or | similar property? | |
| | Thompson Run Rd t address, if available, or other iption | What is the property? Check all tha ✓ Single-family home □ Duplex or multi-unit building | amount of any secured of | aims or exemptions. Put the aims on Schedule D: ims Secured by Property. |
| | sburgh, PA 15237-3972 | ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land | Current value of the entire property? \$114,381.00 | Current value of the portion you own? \$114,381.00 |
| | State ZIP Code gheny | Investment property Timeshare Other | Describe the nature of your as fee simple, tenancy by estate), if known. | our ownership interest (such the entireties, or a life |
| Count | y | Who has an interest in the propert | ty? Check one. | |
| | | ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and an | Homestead Check if this is commother (see instructions) | nunity property |
| | | Source of Value: https://www.zillow.com/homedel | tails/587-Thompson-Run-Rd-Pittsburgh-P/ | \-15237/11485106_zpid/ |
| | ollar value of the portion you own for a attached for Part 1. Write that number | all of your entries from Part 1, includin | ng any entries for pages | \$114,381.00 |

| Deb | otor 1 | Case 19-2 THOMAS First Name | 22928-JAD Middle Name | | 4/19 Entered 07 1 Page 11 of 44 | | |
|-----|---------------|-----------------------------|---|--|------------------------------------|-------|---------------------------------------|
| Pa | rt 2: Descri | be Your Vehic | cles | | | | |
| | own that some | one else drives. If | | in any vehicles, whether they also report it on Schedule G: I s, motorcycles | | | |
| 4. | | | | er recreational vehicles, other aft, fishing vessels, snowmob | | • | |
| 5. | | | | all of your entries from Part 2 nere | | pages | \$0.00 |
| | | | onal and House equitable interest in | hold Items namy of the following items? | | | Current value of the portion you own? |

Do not deduct secured claims or exemptions. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware **☑** No Yes. Describe...... **Electronics** Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; Examples: electronic devices including cell phones, cameras, media players, games **☑** No ☐ Yes. Describe...... Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles MO No Yes. Describe...... **Equipment for sports and hobbies** Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments **☑** No Yes. Describe...... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment **√** No Yes. Describe......

Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Case 19-22928-JAD Voluntary Whetition Page 12 of 44 Case number (if known) Debtor 1 **THOMAS** Last Name First Name Middle Name 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories **☑** No ☐ Yes. Describe...... Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe. 13. Non-farm animals Examples: Dogs, cats, birds, horses **☑** No Yes. Describe...... 14. Any other personal and household items you did not already list, including any health aids you did not list M No ☐ Yes. Describe...... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$0.00 for Part 3. Write that number here..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition M No 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. M No ☐ Yes..... Institution name:

17.1. Checking account:

17.2. Checking account:

Case 19-22928-JAD Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Desc Voluntary Whetition Page 13 of 44 Case number (if known) ____ **THOMAS**

Last Name First Name Middle Name 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No. ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture M No Yes. Give specific information about 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. M No Yes. Give specific information about them..... 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans **✓** No Yes. List each account separately. 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others M No ☐ Yes..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Mo No ☐ Yes.....

Debtor 1

Case 19-22928-JAD Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Desc Voluntarownetition Page 14 of 44 Case number (if known) Debtor 1 Middle Name **Last Name** First Name Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c): Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit M No. lue Yes. Give specific information about them.... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements M No Yes. Give specific information about them.... 27. Licenses, franchises, and other general intangibles Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses M No Yes. Give specific information about them.... **Current value of the** Money or property awed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you M No ☐ Yes. Give specific information about Federal: them, including whether you State: already filed the returns and the tax years..... Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement **☑** No ☐ Yes. Give specific information....... Alimony: Maintenance: Support: Divorce settlement: Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else M No ☐ Yes. Give specific information.......

Case 19-22928-JAD Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Voluntarownetition Page 15 of 44 Case number (if known) **THOMAS** Debtor 1 First Name Middle Name **Last Name** 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance **☑** No Yes. Name the insurance company Beneficiary: Surrender or refund value: Company name: of each policy and list its value 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. M No ☐ Yes. Give specific information....... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue M No Yes. Describe each claim..... Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims M No Yes. Describe each claim..... 35. Any financial assets you did not already list M No Yes. Give specific information...... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$0.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

✓ No. Go to Part 6.

☐ Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

| √ No | |
|---------------|--|
| Yes. Describe | |

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, moderns, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

Voluntary Whetition Page 16 of 44 Case number (if known) Debtor 1 **THOMAS** First Name Middle Name Last Name **√** No Yes. Describe...... 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade M No Yes. Describe...... 41. Inventory M No ☐ Yes. Describe.. 42. Interests in partnerships or joint ventures M No ☐ Yes, Describe...... 43. Customer lists, mailing lists, or other compilations Yes, Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? M No Yes, Describe...... 44. Any business-related property you did not already list M No Yes. Give specific information..... 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached \$0.00 for Part 5. Write that number here..... Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish M No ☐ Yes..... 48. Crops-either growing or harvested M No ☐ Yes. Give specific information.....

Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Desc

Case 19-22928-JAD

Voluntarownetition Page 17 of 44 Case number (if known) _ **THOMAS** Debtor 1 Last Name First Name Middle Name 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade M No ☐ Yes..... 50. Farm and fishing supplies, chemicals, and feed M No ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list M No ☐ Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached \$0.00 for Part 6. Write that number here.. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country dub membership No No Yes. Give specific information.... 54. Add the dollar value of all of your entries from Part 7. Write that number here...... \$0.00 Part 8: List the Totals of Each Part of this Form Part 1: Total real estate, line 2 \$114,381.00 Part 2: Total vehicles, line 5 \$0.00 Part 3: Total personal and household items, line 15 \$0.00 57. \$0.00 58 Part 4: Total financial assets, line 36 Part 5: Total business-related property, line 45 \$0.00 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 \$0.00 Copy personal property total -> Total personal property. Add lines 56 through 61.....

Filed 07/24/19 Entered 07/24/19 12:06:36

Case 19-22928-JAD

Doc 1

Case 19-22928-JAD Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Desc Voluntary Petition Page 19 of 44

| | | Volu | ıntary Petition | Page 19 (| of 44 | | |
|---|--|---|--|--|---|---|--------------------------|
| Fill in this information | to identify your case: | | | | | | |
| Debtor 1 | THOMAS | | BROWN | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| United States Bankru | uptcy Court for the: | Wes | tern District of Pennsyl | vania | | | |
| Case number (if known) | ************************************** | | | | | Check if this is ar amended filing | 1 |
| Official Form | 106C | | | | J | | |
| Schedule (| C: The Pro | perty You | u Claim as | Exempt | | | 04/19 |
| property you listed on attach to this page as | Schedule A/B: Prop many copies of Part | perty (Official Form 1 2: Additional Page | 06A/B) as your source, as necessary. On the top | list the property to of any additiona | ponsible for supplying cor that you claim as exempt. It I pages, write your name a m. One way of doing so is | f more space is needed and case number (if kno | d, fill out and own). |
| exempt. Alternatively, exemptions—such as claim an exemption of | you may claim the fo those for health aid f 100% of fair marke | ull fair market value d ds, rights to receive t value under a law t | of the property being ex certain benefits, and to | xempted up to the ex-exempt retiren on to a particular o | m. One way of doing so is a amount of any applicable nent funds—may be unlim dollar amount and the valu | statutory limit. Some lited in dollar amount. | However, if you |
| | | | | | | | |

| | Case 19-22928-JA in to identify your case: | AD Doc 1 Filed 07/24/19 Entere | f 44 | • | |
|---|--|---|--|--|--------------------------|
| Debtor 1 | THOMAS | BROWN | | | |
| 2000. | | iddle Name Last Name | | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name M | iddle Name Last Name | | | |
| United States Bank | cruptcy Court for the: | Western District of Pennsylvania | | | |
| Case number (if known) | | | | Check if t amended | |
| | D: Creditors | Who Have Claims Secured married people are filing together, both are equally res | | | 12/15 |
| known). I. Do any creditors h No. Check this | nave claims secured by your box and submit this form to the | nber the entries, and attach it to this form. On the top of property? The court with your other schedules. You have nothing else | | , , | (|
| Yes. Fill in all c | of the information below. | | | | |
| Part 1: List All | Secured Claims | | | | |
| 2. List all secured | d claims. If a creditor has mor | e than one secured claim, list the creditor separately for | Calumn A | Column B | Column C |
| | | particular claim, list the other creditors in Part 2. As much der according to the creditor's name. | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 DITECH FINA | NCIAL LLC | Describe the property that secures the claim: | <u>unknown</u> | \$114,381.00 | \$0.00 |
| Creditor's Name 1100 Virginia I | | 587 Thompson Run Rd Pittsburgh, PA 15237-3972 | | | |
| | n, PA 19034-3276 | As of the date you file, the claim is: Check all that apply. | ; | | |
| City | State ZIP Code | Contingent | | | |
| | | Contangent | | | |
| | debt? Check one. | | | | |
| Debtor 1 on | ly | | | | |
| Debtor 1 on Debtor 2 on | ly ly | Unliquidated | | | |
| Debtor 1 on Debtor 2 on Debtor 1 an | ly ly d Debtor 2 only | ☐ Unliquidated ☑ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as mortgage or | | | |
| Debtor 1 on Debtor 2 on Debtor 1 an At least one | ly d Debtor 2 only of the debtors and another | ☐ Unliquidated ☑ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as mortgage or secured car loan) | | | |
| Debtor 1 on Debtor 2 on Debtor 1 an Debtor 1 an Check if thi | ly d Debtor 2 only of the debtors and another is claim relates to a | ☐ Unliquidated ☑ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as mortgage or secured car loan) ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| Debtor 1 on Debtor 2 on Debtor 1 an At least one Check if thi | ly Id Debtor 2 only Id The debtors and another Is claim relates to a If debt | ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as mortgage or secured car loan) ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit | | | |
| Debtor 1 on Debtor 2 on Debtor 1 an Debtor 1 an Check if thi | ly Id Debtor 2 only Id The debtors and another Is claim relates to a If debt | ☐ Unliquidated ☑ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as mortgage or secured car loan) ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☑ Debtor 1 on ☐ Debtor 2 on ☐ Debtor 1 an ☐ At least one ☐ Check if thi community | ly Id Debtor 2 only Id The debtors and another Is claim relates to a If debt | ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as mortgage or secured car loan) ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit | | | |

Case 19-22928-JAD Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Desc

Volun**sabyw**Retition Page 21 of 44 Case number (if known)

Debtor 1 THOMAS
First Name

Middle Name

If this is the last page of your form, add the dollar value totals from all pages. Write that number

Last Name

| Additional Page Part 1: After listing any entries on the control of the control o | nis page, number them beginning with orth. | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|--|--|---|---|--|
| Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred | Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number | | ga za Takanista zakon erreken erreken zakon zakon erreken zakon erreken zakon erreken zakon erreken zakon erre Erreken erreken zakon erreken | |
| Add the dollar value of your entries in Colu | mn A on this page. Write that number here: | | \$0.00 | |

\$0.00

here:

Case 19-22928-JAD Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Desc Fill in this information to identify your case: **BROWN** Debtor 1 **THOMAS** Middle Name Last Name First Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Western District of Pennsylvania Check if this is an Case number amended filing (if known) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you?
 No. Go to Part 2. ☐ Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Priority** Nonpriority Last 4 digits of account number Priority Creditor's Name When was the debt incurred? As of the date you file, the claim is: Check all that Number Street apply. Contingent Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Domestic support obligations Debtor 2 only Taxes and certain other debts you owe the Debtor 1 and Debtor 2 only government At least one of the debtors and another Claims for death or person injury while you were Check if this claim is for a community debt intoxicated

Other. Specify

Is the claim subject to offset?

☐ No ☐ Yes De

Case 19-22928-JAD Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Desc Voluntary Voluntary Page 23 of 44 Case number (if known)

| ebtor 1 | THOMA |
|---------|-------|
| | |

Middle Name Last Name First Name

| o any creditors have nonpriority unsecured claims against | you? |
|---|--|
| No. You have nothing to report in this part. Submit this form | |
| Yes. | |
| ist all of your nonpriority unsecured claims in the alphabeti | ical order of the creditor who holds each claim. If a creditor has more than one nonpriority each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If mo in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page o |
| art 2. | Total claim: |
| | A STATE OF THE PROPERTY OF THE |
| Nonpriority Creditor's Name | Last 4 digits of account number |
| Nonphonty Creditor's Maine | When was the debt incurred? |
| Number Street | As of the date you file, the claim is: Check all that apply. |
| | Contingent |
| | Unliquidated |
| City State ZIP Code | Disputed |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: |
| Debtor 1 only | Student loans |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |
| ☐ Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other |
| At least one of the debtors and another | similar debts |
| ☐ Check if this claim is for a community debt | Other. Specify |
| Is the claim subject to offset? | |
| □ No | |
| Yes | |
| | Last 4 digits of account number |
| Nonpriority Creditor's Name | • |
| | When was the debt incurred? |
| Number Street | As of the date you file, the claim is: Check all that apply. Contingent |
| | Unliquidated |
| | Disputed |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: |
| Who incurred the debt? Check one. | Student loans |
| Debtor 1 only | Obligations arising out of a separation agreement or |
| Debtor 2 only | divorce that you did not report as priority claims |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other |
| At least one of the debtors and another | similar debts |
| Check if this claim is for a community debt | Other. Specify |
| Is the claim subject to offset? | |
| □ No | |
| | |
| Nonpriority Creditor's Name | Last 4 digits of account number |
| | When was the debt incurred? |
| Number Street | As of the date you file, the claim is: Check all that apply. |
| | Contingent |
| | Unliquidated |
| City State ZIP Code | Disputed |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: |
| Debtor 1 only | Student loans Obligations origing out of a consention agreement or |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other |
| At least one of the debtors and another | similar debts |
| ☐ Check if this claim is for a community debt | Other. Specify |
| Is the claim subject to offset? | |
| ☐ No | |
| Yes | |

Case 19-22928-JAD Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Desc Voluntary Petition Page 24 of 44 BROWN

Debtor 1

THOMAS First Name

Middle Name

Last Name

Case number (if known) _

| Part 4: Add t | the Amounts for Each Type of Unsecured Claim | | |
|------------------------------|---|-----------------|---|
| 6. Total the an type of unse | nounts of certain types of unsecured claims. This informati ecured claim. | on is for stati | istical reporting purposes only. 28 U.S.C. §159. Add the amounts for each |
| | | | Total claim |
| Total claims | 6a. Domestic support obligations | 6a. | \$0.00 |
| from Part 1 | 6b. Taxes and certain other debts you owe the government | 6b. | \$0.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. + | \$0.00 |
| 000 | 6e. Total. Add lines 6a through 6d. | 6e. | <u>\$0.00</u> |
| | | | Total claim |
| Total claims | 6f. Student loans | 6f. | \$0.00 |
| from Part 2 | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | <u>*0.00</u> |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | <u>*0.00</u> |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. + | ÷\$0.00 |
| | 6j. Total. Add lines 6f through 6i. | 6j. | <u>\$0.00</u> |

Case 19-22928-JAD Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Fill in this information to identify your case: **BROWN** Debtor 1 **THOMAS** Middle Name Last Name First Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Western District of Pennsylvania ☐ Check if this is an Case number amended filing (if known) Official Form 106G **Schedule G: Executory Contracts and Unexpired Leases** 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if Do you have any executory contracts or unexpired leases? 🗹 No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B). List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, celt phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases. State what the contract or lease is for Person or company with whom you have the contract or lease 2.1 Name Street Number State ZIP Code City 2.2 Name Number Street **ZIP Code** City State 2.3 Name Number Street City State **ZIP Code** 2.4 Name Number Street City State ZIP Code 2.5 Name Number Street

ZIP Code

State

City

| | Case 19-2292 | 28-JAD Doc | 1 Filed 07/24/19 | Entered 07/24/19 12:06:36 Desc |
|-------------------------------------|---|--|--|---|
| Fill in this information | n to identify your case: | | |)f 44 |
| Debtor 1 | THOMAS | | BROWN | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Bank | truptcy Court for the: | Wes | tern District of Pennsylvania | |
| Case number (if known) | | | | Check if this is an amended filing |
| (ii iii iii ii | | | | |
| Official Forr | m 106H | | | |
| | H: Your Co | odebtors | | 12/15 |
| | | | | |
| oth are equally resp | ponsible for supplying | g correct information | n. If more space is needed, c | nplete and accurate as possible. If two married people are filing together, opy the Additional Page, fill it out, and number the entries in the boxes on your name and case number (if known). Answer every question. |
| 1. Do you have any | y codebtors? (If you a | are filing a joint case, | do not list either spouse as a c | odebtor.) |
| ☑ No | | | | |
| Yes | | | | |
| | | | operty state or territory? (Colington, and Wisconsin.) | mmunity property states and territories include Arizona, California, Idaho, |
| No. Go to line | • | O NICO, IGAGO, VVGOII | ington, and wisconsin.) | |
| _ | | e, or legal equivalent | live with you at the time? | |
| □No | | | | |
| Yes. In wh | nich community state o | r territory did you live? | | Fill in the name and current address of that person. |
| | | | | |
| Name | | | | |
| Number | Street | | | |
| City | | State ZIP Code | | |
| 3. In Column 1, list | t all of your codebtor | s. Do not include yo | ur spouse as a codebtor if yo | ur spouse is filing with you. List the person shown in line 2 again as a |
| codebtor only if Form 106E/F), o | f that person is a gua or <i>Schedul</i> e <i>G</i> (Officia | rantor or cosigner. I I Form 106G). Use S | Make sure you have listed the chedule D, Schedule E/F, or \$ | e creditor on S <i>chedule D</i> (Official Form 106D), S <i>chedule E/</i> F (Official Schedule G to fill out Column 2. |
| Column 1: Your | | | | Column 2: The creditor to whom you owe the debt |
| ~ | and the second | | | Check all schedules that apply: |
| 3.1 | onterent esta en | Der versen auf eine Bereich der Stehen der Bereich gegen der Bereich gegen der Bereich gegen der Bereich gegen | anna european agus an teagairtí agus ann an teagairtí agus an teagairtí agus an teagairtí agus an teagairtí ag | Schedule D, line |
| Name | | | | Schedule E/F. line |

Official Form 106H

Number

City

Street

State

ZIP Code

Schedule H: Your Codebtors

Schedule G, line

page 1 of 1

| | Ca | se 19-2292 | 28-JAD Doc 1 | Filed 07/2 | 4/19 | Ente | | /19 12:06:36 | Desc | | |
|------|---|----------------------|--|----------------------|--------------|----------------|---------------------|--|----------------------------|---------------------------------------|-----------|
| Fill | in this information to i | dentify your case: | | | | | of 44 | | | | |
| De | ebtor 1 | THOMAS First Name | | BROWN ast Name | | | | | | | |
| | ebtor 2 pouse, if filing) | First Name | Middle Name La | ast Name | | | | Check if this is | s: | | |
| Uı | nited States Bankrupt | cy Court for the: | Western I | District of Pennsy | /Ivania | 1 | | An amende | ed filing | | |
| | ase number known) | | | | | | | A supplement A sup | ent showing princome as of | | |
| | | | | | | | | MM / DD / | YYYY | | |
| Se a | rmation. If you are m | Your Inc | OME If two married people are ling jointly, and your spoude information about you | ise is living with y | rou, in | clude inforr | nation about y | our spouse. If you a | re separated | d and y | your |
| ddi | itional pages, write your 1: Describe E | our name and cas | se number (if known). Ans | wer every question | on. | | | | | | |
| 1. | Fill in your employn information. | nent | | Debtor 1 | - T | | | Debtor 2 or | non-filing s | pous | Đ |
| | If you have more that attach a separate pa information about ad employers. | ge with | Employment status Occupation | Employed | ∑ ÍNo | t Employed | | ☐ Employed ☐ | Not Employe | d —— | |
| | Include part time, se self-employed work. | asonal, or | Employer's name Employer's address | | | | 1, | | | | |
| | Occupation may incl or homemaker, if it a | | Employer 3 address | Number Stree | et | 0.000 | | Number Street | | | |
| | | | | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | How long employed then | City e? | | State — | Zip Code | City | State | Zi | ip Code |
| Pa | art 2: Give Deta | ils About Mon | thly Income | | | | | | | | |
| | Estimate monthly is are separated. | ncome as of the | date you file this form. If y | ou have nothing to | repor | t for any line | e, write \$0 in the | space. Include your | non-filing sp | ouse u | nless you |
| | If you or your non-fili attach a separate sh | | nore than one employer, co | mbine the informat | ion for | all employe | rs for that perso | n on the lines below. | If you need r | nore s | pace, |
| | | | | | | Fo | Debtor 1 | For Debtor 2 or non-filing spouse | 2 | | |
| 2. | | | d commissions (before all ate what the monthly wage | | <u>2.</u> | | \$0.00 | \$0.0 | <u>10</u> | | |
| 3. | Estimate and list m | onthly overtime | рау. | | 3. | + | \$0.00 | +\$0.0 | <u>00</u> | | |

\$0.00

\$0.00

4. Calculate gross income. Add line 2 + line 3.

Case 19-22928-JAD Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Desc

Debtor 1 THOMAS VoluntariowRetition Page 28 of 44 Case number (if known)

| | First Name Middle Name L | ast Name | | | | |
|----------------------------|---|---|---|---------------------------|-----------------------------------|-------------------------|
| e al mente again a siliati | | et promocons de l'activité de de l'activité de l'activité de l'activité de l'activité de l'activité de l'activi | n de de la companya de la companya de | For Debtor 1 | For Debtor 2 or non-filing spouse | |
| | Copy line 4 here | → | 4. | \$0.00 | \$0.00 | |
| 5. | List all payroll deductions: | | -1. | Ψ0.00 | 40.00 | |
| J. | • • | • | | \$0.00 | \$0.00 | |
| | 5a. Tax, Medicare, and Social Security deductions | | 5a. | \$0.00 | \$0.00 | |
| | 5b. Mandatory contributions for retirement plans | | 5b. | \$0.00 | \$0.00 | |
| | 5c. Voluntary contributions for retirement plans | | 5c. | \$0.00 | \$0.00 | |
| | 5d. Required repayments of retirement fund loans | | 5d. | \$0.00 | \$0.00 | |
| | 5e. Insurance | | 5e. | \$0.00 | \$0.00 | |
| | 5f. Domestic support obligations | | 5f. | \$0.00 | \$0.00 | |
| | 5g. Union dues | | 5g. | | | |
| | 5h. Other deductions. Specify: | | 5h. | + \$0.00 | + \$0.00 | |
| 6. | Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + | +5g+5h. | 6. | \$0.00 | \$0.00 | |
| 7. | Calculate total monthly take-home pay. Subtract line 6 from lin | ne 4. | 7. | \$0.00 | \$0.00 | |
| 8. | List all other income regularly received: | | | | | |
| | 8a. Net income from rental property and from operating a be profession, or farm | usiness, | | | | |
| | Attach a statement for each property and business showing ordinary and necessary business expenses, and the total mo | | 8a. | \$0.00 | \$0.00 | |
| | 8b. Interest and dividends | | 8b. | \$0.00 | \$0.00 | |
| | 8c. Family support payments that you, a non-filing spouse, regularly receive | or a dependent | . | | | |
| | Include alimony, spousal support, child support, maintenance settlement, and property settlement. | e, divorce | 8c. | \$0.00 | \$0.00 | |
| | 8d. Unemployment compensation | | 8d. | \$0.00 | \$0.00 | |
| | 8e. Social Security | | 8e. | \$0.00 | \$0.00 | |
| | 8f. Other government assistance that you regularly receive | | | | | |
| | Include cash assistance and the value (if known) of any non- that you receive, such as food stamps (benefits under the Su Nutrition Assistance Program) or housing subsidies. | | | | | |
| | Specify: | | 8f. | \$0.00 | \$0.00 | |
| | 8g. Pension or retirement income | | 8g. | \$0.00 | \$0.00 | |
| | 8h. Other monthly income. Specify: | | 8h. | + \$0.00 | + \$0.00 | |
| | Opcory. | | | | | |
| 9. | Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8 | 8g + 8h. | 9. | \$0.00 | \$0.00 | |
| 10. | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing | g spouse | 10. | \$0.00 | + \$0.00 | \$0.00 |
| 11. | State all other regular contributions to the expenses that yo | u list in <i>Schedule J</i> | L. | | | |
| | Include contributions from an unmarried partner, members of you friends or relatives. | ur household, your de | epende | nts, your roommates, and | lother | |
| | Do not include any amounts already included in lines 2-10 or am | ounts that are not av | <i>r</i> ailable | to pay expenses listed in | Schedule J. | |
| | Specify: | | | | _ 11, + | \$0.00 |
| 12. | Add the amount in the last column of line 10 to the amount | in line 11. The result | t is the | combined monthly incom | e. Write that | |
| | amount on the Summary of Your Assets and Liabilities and Certa | | | _ | 12. | \$0.00 |
| | | | | | | Combined monthly income |
| 13. | Do you expect an increase or decrease within the year after y | ou file this form? | | | | |
| | ✓No. | | | | | |
| | Yes. Explain: | | | | | <u> </u> |

| | Ca | se 19-22928 | -JAD Doc 1 | Filed 0 | 7/24/19 | Entered | d 07/24/ | 19 12:06:3 | 36 | Desc | |
|--------------|--|--|--|---|--|--|---|--|------------------------|--|---|
| Fill | l in this information to | identify your case: | | | | f | 44 | | | | |
| D | ebtor 1 | THOMAS | | BROWN | | | | | | | |
| | | First Name | Middle Name | Last Name | | | Check if | this is: | | | |
| | ebtor 2 | | | | | | | nended filing | | | |
| • | Spouse, if filing) | First Name | Middle Name | Last Name | | | | plement showinger 13 income as | | | ı: |
| U | Inited States Bankrupi | tcy Court for the: | Wester | n District of F | Pennsylvania | | | | _ | .oog dato | • |
| | case number f known) | | | | | | MM / | DD / YYYY | | | |
| <u>O</u> 1 | fficial Form | <u>106J</u> | | | | | | | | | |
| Sı | chedule J | Your Ex | penses | | | | | | | | 12/15 |
| Be a | as complete and acc ded, attach another | urate as possible, l sheet to this form. (| f two married people a On the top of any addi | are filing toge itional pages, | ther, both are write your na | equally respo me and case | onsible for s number (if | supplying corre known). Answe | ect info er every | rmation. If mo | ore space is |
| Pa | rt 1: Describe \ | our Household | | | | | | | | | |
| 1. | Is this a joint case? | ? | | | | | | | | | |
| | No. Go to line 2. | | | | | | | | | | |
| | Yes. Does Debte | or 2 live in a separa | rte household? | | | | | | | | |
| | □No □Yes. D | ebtor 2 must file Of | ficial Form 106J-2, <i>Exp</i> | enses for Sep | oarate Househo | old of Debtor 2 | 2. | | | | |
| 2. | Do you have deper | ndents? | ₩No | gyven (160 – 160 mer film charanter i 190 mer tych character (190 mer | nannaken jalendalaken ener i opistend i hati skennot die kein | n et samme som enne myste viste, mis samme men men et eller som enne men en et eller som en en en en en en en | 0324 (Mengalato) (11 1.000 (11 1.000 (11 1.000 (11 1.000 (11 1.000 (11 1.000 (11 1.000 (11 1.000 (11 1.000 (11 | and the speciments of the state of the speciment of the specimens of the s | anno eta proceso | 90 SEE 1967 OF THE PARK - ONLY BURNEY OF THE SECTION STREET, STREET, SECTION SECTION SECTION SECTION SECTION S | and the second desired and the second desired and the second desired and the second desired as the second desired desired as the second desired desired as the second desired |
| | Do not list Debtor 1 Debtor 2. | and | Yes. Fill out this inf | | Dependent's Debtor 1 or | s relationshi _l Debtor 2 | p to | Dependent's age | | oes depend ith you? | ent live |
| | Do not state the dep | endents' names. | each dependent | | | Harman and the state of the sta | COLORANIA CETA | | | □No. □Ye | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | _ | □No. □Ye | es. |
| | | | | | | | | • | | □No. □Y | es. |
| | | | | | | | | | _ | □No. □Ye | es. |
| 3. | Do your expenses i | | 1 No □ Yes | and a market and a state of the | | usan ni Si Umumini Pipilim profemilim ninggar Bani giland | | | | | |
| KINDAN KIDAN | your dependents? | HIS STATEMENT AND COMMON TO ANY STATEMENT OF THE CONTROL OF MISSELE ANY PROCESSAY AND CONTROL OF MISSELE AND CONTROL AND CONTROL OF MISSELE AND CONTROL OF MISSE | | krad kondingan (M) daman kondan kraj (m) projektivo ne | medische stifferen Seiner men eine Krimmen eine Stifferen im der Stifferen im der Stifferen im der Stifferen i | o describeration desc | er de goden zoosseno de seden erende en en este el este el entre el entre el entre el entre el entre el entre e | LA COMMENSACIO DE ROME DATETAN CON ESTATO POR TRANSPORTA (UN | new minister () a mun | owder grag carringsgibra i biranish hibibani belanci belag d | engantag Sacrago etter (1964-1964), Oranda karl sa gaggarantag agam sagraporing |
| Pa | art 2: Estimate | Your Ongoing N | lonthly Expenses | | | | | | | | |
| Es | timate your expense | s as of your bankr | uptcy filing date unless | | | | | | report | expenses as | of a date after |
| Inc | clude expenses paid | for with non-cash | government assistand Schedule I: Your Incor | ce if you knov | v the value of | | | | our ex | penses | |
| | | | es for your residence. | • | - | onte and anv | rent for the | | itanin in confi | | |
| 4. | ground or lot. | ownership expens | es loi your residence. | . IIIGUU U IIISCA | iongage payin | enis and any | | 4 | | | _ |
| | If not included in li | ne 4: | | | | | | 4- | | | |
| | 4a. Real estate taxe | <u>S</u> | | | | | | 4a. = | | | 0.00 |
| | 4b. Property, homeo | wner's, or renter's i | nsurance | | | | | 4b | | \$0 | 0.00 |
| | 4c. Home maintenar | nce, repair, and upke | ep expenses | | | | | 4c | | \$0 | 0.00 |
| | 4d. Homeowner's as | ssociation or condon | ninium dues | | | | | 4d | | \$0 | 0.00 |

Case 19-22928-JAD Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Desc

Voluntary Page 30 of 44 Case number (if known)_ Debtor 1 **THOMAS** First Name Middle Name Last Name Your expenses 5. 5. Additional mortgage payments for your residence, such as home equity loans **Utilities:** 6. \$150.00 6a. 6a. Electricity, heat, natural gas 6b. \$100.00 6b. Water, sewer, garbage collection 6c. \$200.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. \$0.00 6d. Other. Specify: \$200.00 7. 7. Food and housekeeping supplies 8. \$0.00 Childcare and children's education costs 8 \$100.00 9. Clothing, laundry, and dry cleaning 9. \$120.00 10. Personal care products and services 10. 11. \$0.00 Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. 12. \$200.00 12. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0.00 14. \$0.00 Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. \$0.00 15a. Life insurance \$0.00 15b. 15b. Health insurance 15c. \$0.00 15c. Vehicle insurance 15d. \$0.00 15d. Other insurance. Specify: ____ Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 16. 16. \$0.00 Specify: 17. Installment or lease payments: 17a. 17a. Car payments for Vehicle 1 17h 17b. Car payments for Vehicle 2 17c. 17c. Other. Specify: _ 17d. 17d. Other. Specify: __ 18. Your payments of alimony, maintenance, and support that you did not report as deducted \$0.00 18. from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. 19. \$0.00 Specify: _ 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a.

20b.

20e.

20d.

20e.

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

20a. Mortgages on other property

20c. Property, homeowner's, or renter's insurance20d. Maintenance, repair, and upkeep expenses

20e. Homeowner's association or condominium dues

20b. Real estate taxes

Voluntary Netition Page 31 of 44 Case number (if known) _ Debtor 1 **THOMAS** Last Name First Name Middle Name 21. 21. Other. Specify: \$0.00 22. Calculate your monthly expenses. \$1,070.00 22a. 22a. Add lines 4 through 21. 22b. \$0.00 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. \$1,070.00 22c. 23. Calculate your monthly net income. 23a. \$0.00 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. \$1,070.00 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. (\$1,070.00) 23c. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? Mo. None

Case 19-22928-JAD

Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36

Yes.

| Ca | ase 19-22928 | -JAD Doc | 1 Filed 07/24/1 | .9 Entere | d 07/24/19 | 12:06:36 | 6 Desc | |
|-----------------------------------|--|---------------------|-----------------------------|---|---------------------------------------|----------------|---------------------------------------|-------------|
| Fill in this information to | | | | | f 44 | | | |
| Debtor 1 | THOMAS First Name | Middle Name | BROWN Last Name | AND | | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | | | |
| United States Bankrup | tcy Court for the: | West | em District of Pennsylva | ınia | | | | |
| Case number (if known) | | | | | | | Check if this is an amended filing | |
| Official Form | | | | | | | | |
| Declaration | About ar | <u>Individu</u> | al Debtor's | <u>Schedul</u> | es | | | 12/15 |
| Sign Belo | And the second s | no is NOT an attorn | ey to help you fill out bar | nkruptcy forms? | · · · · · · · · · · · · · · · · · · · | | | |
| ₩No | | | | | | | | |
| Yes. Name of pers | son | | | ch Bankruptcy Pe īcial Form 119). | tition Preparer's | Notice, Decla | ration, and Signature |) |
| Under penalty of pe | rjury, I declare that I I | have read the sumr | mary and schedules filed | with this declara | tion and that the | ey are true an | d correct. | |
| THOMAS BROW | | | x x | | | | | ı |
| Date <u>06/26/2019</u> MM/ DD/ | | | Date MM/ DI | D/ YYYY | | | | |

Case 19-22928-JAD Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Desc Voluntary Petition Page 33 of 44

| Fill in this information | to identify your case: | | | |
|---------------------------|------------------------|-------------|-------------------------|-------|
| Debtor 1 | THOMAS | | BROWN | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Bankru | ptcy Court for the: | Wes | tem District of Pennsyl | vania |
| Case number (if known) | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| W hat is your curren | t marital status? | | | | |
|--|--|--|------------------|--|----------------------------|
| ☐ Married | | | | | |
| Not married | | | | | |
| During the last 3 yea | rs, have you lived anywhere | other than where you live | now? | | |
| √ No | | | | | |
| Yes. List all of the | places you lived in the last 3 ye | ears. Do not include where | you live now. | | |
| Debtor 1: | | Dates Debtor 1 lived there | Debtor 2: | | Dates Debtor 2 lived there |
| | | | Same as Debtor 1 | | Same as Debtor 1 |
| | | From | | | _ From |
| Number Street | | | Number Street | | To |
| City | State ZIP Code | _ | City | State ZIP Code | _ |
| antikan ja hundun eri menenni jalan kehenti periori periori periori periori periori periori periori periori pe | en Turken version var de kantan en erende doctor Turken Prima provincia esta tradicio de Santo e Prima prima e | gyppennyn fel yn cynfau y gan chan y gann af ar fel yn yr fel yn y fel yn fel yn fel yn fel yn ar fel yn y fel | Same as Debtor 1 | www.healtha.com/activities and ship of ship in come in plant come and a power to profession to the control of the charter to | Same as Debtor 1 |
| | | From | _ | | From |
| Number Street | | | Number Street - | | To |
| City | State ZIP Code | | City | State ZIP Code | _ |

Case 19-22928-JAD Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Desc Voluntary Petition Page 34 of 44

| Fi | | BROWN | | Case number (if kno | |
|--|--|---------------------------------|---|---------------------------------|--|
| | irst Name Middle I | Name Last Name | | | |
| Vithin the last | 8 vears. did vou ever live w | ith a spouse or legal equiva | lent in a community property | state or territory?(Commu | nity property states and territor |
| | | | Rico, Texas, Washington, and \ | | |
| √ 1 No | | | | | |
| Yes. Make s | sure you fill out <i>Schedule H:</i> \ | Your Codebtors (Official Form | 106H). | | |
| | • | · | | | |
| | | _ | | | |
| Explai | n the Sources of Your | Income | | | |
| in the total amo | ount of income you received | from all jobs and all business | ess during this year or the tw es, including part-time activities st it only once under Debtor 1. | o previous calendar years s. | ? |
| va aro ililitg a jo va No | and you have most | io diacysa issociae agestei, ii | | | |
| Yes. Fill in t | he details. | | | | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income | Gross Income | Sources of income | Gross Income |
| | | Check all that apply. | (before deductions and | Check all that apply. | (before deductions and |
| | | | exclusions) | | exclusions) |
| lanuari | 4 of overent vectors until the | ☐ Wages, commissions, | | ☐ Wages, commissions, | , |
| | 1 of current year until the or bankruptcy: | bonuses, tips | | bonuses, tips | |
| halandarokka alambakokko obakok kirakatoka | radien 1950 ima proportionales, motor provincia au metarante des consentations (1988-1989 1980 1980 1980 1980 1980 1980 1980 | Operating a business | | Operating a business | are to the constant of the state of the stat |
| or last calenda | ar vear: | ☐ Wages, commissions, | | ☐ Wages, commissions | |
| | ecember 31, 2018) | bonuses, tips | | bonuses, tips | |
| _ | YYYY | Operating a business | | Operating a business | paramanan (1995) - paramanan (1996) |
| For the calenda | ar year before that: | ☐ Wages, commissions, | | ☐ Wages, commissions | |
| | ecember 31, <u>2017</u>) | bonuses, tips | | bonuses, tips | |
| | YYYY | Operating a business | | Operating a business | |

Case 19-22928-JAD Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Desc Voluntary Petition Page 35 of 44

| ebtor 1 | THON | MAS | | BROWN | Case number (if known) | |
|---------------------------------|-------------------------------------|----------------------------|---|--|--|---|
| | First N | lame | Middle Name | Last Name | | |
| | | | | | | |
| | calendar ye | | | ····· | | |
| (January | / 1 to Decem | ber 31, <u>2018</u> YYY | ┯' —— | | | |
| | | | | | | |
| 6/10/02/46/2/10/06/4/2/10/0/6/6 | EL MONTHAL CONSTONE CONSTONECTORISM | | nann var en | r francische et som de et seine de land fra de fragiliere de la de fragiliere de la de fragiliere de la de fra | | 044 0044 2044 004 2000 0000 0000 0000 0 |
| | | ar before that: | | | | |
| (January | 1 to Decem | ber 31, <u>2017</u> YYY | ┯) —— | | | |
| | | | • | | | |
| | | | | | | |
| | | | | | | |
| Part 3: L | .ist Certa | in Payments | You Made B | efore You Filed | for Bankruptcy | |
| | | | | | | |
| 6. Are eith | er Debtor 1' | s or Debtor 2's o | debts primarily o | consumer debts? | | |
| □No. | Neither E | ebtor 1 nor Del | otor 2 has prima | rily consumer debt | s. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by | an |
| _ | | | | r household purpose | | |
| | During the | e 90 days before | you filed for ban | kruptcy, did you pay a | ny creditor a total of \$6,825* or more? | |
| | ☐No. G | o to line 7. | | | | |
| | ☐Yes. | List below each | creditor to whom | n you paid a total of \$ | 6,825* or more in one or more payments and the total amount you pa | id that |
| | _ | creditor. Do no | t include paymer | nts for domestic supp | ort obligations, such as child support and alimony. Also, do not inclu | |
| | * Cubinat | | attorney for this | • • | or eases filed on or offer the date of adjustment | |
| | Subject | to adjustment or | 14/01/22 and eve | ary 3 years alter that t | or cases filed on or after the date of adjustment. | |
| √ Yes. | Dobton 1 | ar Dahtar 2 ar i | hath have prime | arily consumer deb | | |
| WI Fes. | | | - | - | s. ny creditor a total of \$600 or more? | |
| | | • | you liked for bein | rapicy, ala you pay t | The decided of the de | |
| | MINO. G | o to line 7. | | | | |
| | ∐Yes. | | lomestic support | | 600 or more and the total amount you paid that creditor. Do not inclu child support and alimony. Also, do not include payments to an attom | |
| | | | | Dates of | Total amount paid Amount you still owe Was this | payment for |
| | | | | payment | | |
| | | | | | □Mortga | ae |
| | | | | | | 5- |
| | Creditor's N | ame | | | □ Credit o | card |
| | Number | Street | | | □Loan re | |
| | | | | | Supplie | rs or vendors |
| | | | | | □Other _ | |
| | City | State | zIP Code | | | |
| | City | State | ZIF Code | | | |
| | | | | | | |
| 7. Within 1 | t vear befor | e vou filed for b | ankruptcy, did y | ou make a payment | on a debt you owed anyone who was an insider? | |
| <i>Insider</i> s in | dude your r | elatives; any ger | neral partners; re | latives of any genera | partners; partnerships of which you are a general partner; corporate | |
| | | | | | curities; and any managing agent, including one for a business you ns, such as child support and alimony. | operate as a sole |
| | 11 0.0.0. 3 | 101. Iridado pa | ymonio ioi dome | Suo Support Obliguac | io, saor as onia supportana aminory. | |
| √ No | | | | | | |
| Yes. | List all paym | ents to an inside | er. | | | |
| | | | | | | |
| | | | | | | * |

Case 19-22928-JAD Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Desc Voluntary Petition Page 36 of 44

| btor 1 | THOMAS | | BROWN | | Case r | number (if known |) |
|---|---|--|--|--|--|--|--|
| | First Name | Middle Name | Last Name | | | | |
| | | | Dates of Total payment | amount paid | Amount you still owe | Reason for thi | s payment |
| | | | | | | | |
| nsider's N | lame | | | - | | Re-difference from the state of | |
| Number | Street | | | | | | |
| City | State | ZIP Code | | | | | |
| con Cardina (Applicant) Application (Application) | no li fi fi fi fi fi fi financia fi | Server's Philiodrick Life Languary Ed. #17 Landon Served and Served Serv | ومن فالمعرف من استرك المنافعية في المنافعين الذارة والمنافعية المنافعية المنافعية والمنافعية والمنافعية والمنا | | erford migdlig film digitation comes (democrates followed a specification opening), the Contract Production of the Contract Produ | Annahoren eta erreta in de meta anemara anemara eta esta esta esta esta esta esta esta | en yele i qa'na qa'da kiligi mariga jilmanana i inahara kalijingan kiligiliyin kaga Nakifa mayanga mana i iman |
| Vithin 1 v | vear hefore vou filed | for hankruntev d | id you make any payments | or transfer any | property on account of | a debt that ben | efited an insider? |
| lude payr | ments on debts guara | | | or duniolor diry | property on account of | | |
| No | | | | | | | |
| Yes. Li | ist all payments that b | enefited an insider | | | | | |
| | | | Dates of Total payment | amount paid | Amount you still owe | Reason for the Include creditor | |
| | | | | | | mode dealo | Sidile |
| | | | | | | | |
| nsider's N | lame | | | | | April 1975 Carlotter (April 1975) | |
| lumber | Street | | | | | Afficial property of the control of | |
| | | | | | | | |
| City | State | ZIP Code | | | | in the second se | |
| errana arramento acto | | | anta en esta mentre a mentre menera en mentante an anti-anta termana en entre manta en entre manta en entre ma | e de la companya de l | er ggjárfará seg jelen nyrras gazó ner jelenn gyenn gyennyallagyazó gyáf (éjál medély ké myelentel szálasás) | the way to the transmitted on the south the transmitted the tr | era viria esta esta esta esta esta esta en la esta esta esta esta esta esta esta est |
| | | | | | | | |
| t 4: Id | lentify Legal Acti | ions, Reposse | ssions, and Foreclosur | es | | | |
| | | | | | | - | |
| Within 1 y t all such | year betore you tiled | i for bankruptcy, w irsonal injury case: | rere you a party in any laws s, small claims actions, divorc | uit, court action ces, collection s | , or administrative proc uits, patemity actions, su | eeding? ipport or custody | modifications, and contrac |
| | matters, including pe | | | | | | |
| outes. | matters, including pe | | | | | | |
| outes. ∑ No | | | | | | | |
| outes. ∑ No | matters, including pe | | | | | | 682033 |
| outes. No | | | ture of the case | Cou | int or agency | | Status of the case |
| outes. ŽiNo ⊇Yes. Fi | ill in the details. | | ture of the case | | | | Pending |
| putes. ☑No ☑Yes. Fi | ill in the details. | | ture of the case | | int or agency | | Pending On appeal |
| putes. ☑ No ☐ Yes. Fi Case title | ill in the details. | | ture of the case | | Name | | Pending |
| sputes. ☑No | ill in the details. | | ture of the case | Court | Name | le ZIP Code | Pending On appeal |

Case 19-22928-JAD Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Desc Voluntary Petition Page 37 of 44

| ebtor 1 | THOMAS | | | BROWN | Case number (if known) |
|---|---|----------------------------------|---|--|--|
| | First Name | | Middle Name | Last Name | |
| 40 1854 | 4 | e | | | Shored as a substant attacked particular for the standard of t |
| | 1 year before y o nat apply and fill | | | vas any or your property repossessed | , foreclosed, garnished, attached, seized, or levied? |
| √ No. G | So to line 11. | | | | |
| ☐Yes. F | Fill in the informa | ntion belov | N. | | |
| | | | | Describe the property | Date Value of the property |
| | | | | | |
| Creditor's | Name | | | - very distribution of the second of the sec | - |
| | | | | - | |
| Number | Street | | | Explain what happened | |
| * | | | | ☐ Property was repossess ☐ Property was foreclosed | 0. |
| | | | | Property was garnished. | |
| City | | State | ZIP Code | Property was attached, s | eized, or levied. |
| Habita on the source after a side case, and | 903 CHAS TAALUSSIOO LOIN 1800 SIN SIN SIN SIN | | e yez kirilin di zhilo ye e zhirikrere z "Aline za Florenen hann Pilo i | | |
| 44 MP4L: | 00 daaa basaa | Cl l | £ bl | | Samuelal institution and off any amounts from your accounts or refuse |
| | 90 days betore payment becaus | | | dia any creditor, including a bank of | financial institution, set off any amounts from your accounts or refuse |
| √ No. | | | | | |
| ☐Yes. F | Fill in the details | | | | |
| | | | | Describe the action the creditor to | ok Date action was Amount |
| | | | | _ | taken |
| Creditor's | s Name | | | | |
| Number | Street | | | - | |
| | | | | | Approximately from the control of th |
| City | | State | ZIP Code | Loot 4 digits of account number VV | |
| Unique d'appropriation par est | entskungspolet godelelen skriiger i engringspoletyre entrett ka | graftengir omekgelet vod enletel | occupio e no emplojeje poneraje portugaj cengijan e elektrocestro | Last 4 digits of account number: XX | |
| | | | | | |
| | | | | was any of your property in the posse | ssion of an assignee for the benefit of creditors, a court-appointed |
| receiver, a ✓ No | custodian, or a | uiouiei o | mciai f | | |
| | | | | | |
| Yes | | | | | |
| | | | | | |
| Part 5: L | ist Certain (| Gifts an | d Contributi | ons | |
| 13 Within | 2 years hefore | vou filed | for hankruntev | did you give any gifts with a total va | ue of more than \$600 per person? |
| ØNo | z years before | you meu | ю ванкириз, | ulu you give ariy gillo wilir a will va | de of more dian 4000 per person. |
| | Fill in the details | <i>6</i> | :a | | |
| Yes. I | Fill in the details | tor each | gm. | | |
| | | | | | |
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| | | | | | |

Case 19-22928-JAD Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Desc Voluntary Petition Page 38 of 44

| ebtor 1 | THOMAS First Name | ۱۸ حالدان | BROWN Leet Name | Case number (if known) | |
|--|---|--|--|--|---|
| Gifts wit | First Name In a total value of mon | Middle Name e than \$600 per | Last Name Describe the gifts | Dates you gave Value | |
| person | | | | the gifts | |
| Person to | Whom You Gave the Gi | ft de | | W | |
| 1 0/30/1 10 | vviioni Tou Gave ale Gi | en gewang di spensioleksi. | | - | |
| | | Company of the second of the s | | | |
| Number | Street | over contraction of c | | | |
| | | v.Ph.ddalerer | | | |
| City | Sta | te ZIP Code | | | |
| Person's re | elationship to you | <u>.</u> | мого вы и поливен и п. Асоми техноло запитовым подът че норге н а върше н технолого (1914 г. п.). (замтиятельной | u-mineral-ye procing-monus-moneral-waterous-se ex-selection consistence are selected and selection of the se | |
| | | | | | |
| 14. Within 2 ☑ No | years before you file | d for bankruptcy, d | id you give any gifts or contribution | ns with a total value of more than \$600 to any charit | y? |
| | II in the details for eac | h aift ar contribution | 1 | | |
| | | | De what you contributed | Date you Value | |
| | re than \$ 600 | | | contributed | |
| Charity's N | | A. (-)(100) | | | |
| Charity 5 No | anie | egylandersen haddinde | | - | |
| *************************************** | | | | | |
| Number | Street | of the second se | | | |
| | | | | express decides | |
| City | State Z | IP Code | | | |
| | | | | | |
| art 6: Lis | st Certain Losses | 5 | | | |
| 15. Within 1 | vear before you filed | for bankruntey or | since you filed for bankruntcy did y | you lose anything because of theft, fire, other disas | ter. or gambling? |
| ∑ No | ,, | -------------------- | | , , , , | , 0 |
| ☐Yes. Fi | ill in the details. | | | | |
| 30210K-00863V30265 | the property you los loss occurred | | any insurance coverage for the los | | f property lost |
| ,,,,,, | | | e amount that insurance has paid. Lis claims on line 33 of <i>Schedule A/B: F</i> | | |
| A parameter of the state of the | | and her deposits from | | | |
| Registration of the Control of the C | (1) 13 13 13 14 14 14 14 14 14 14 14 14 14 14 14 14 | | LART TERUTER (1918-1732) OF THE STATE OF THE | THE CONTRACT OF THE CONTRACT O | with a second control of the second control |
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| | | | | | |
| ficial Form 1 | 07 | Stat | ement of Financial Affairs for Indiv | riduals Filing for Bankruptcy | page (|

Case 19-22928-JAD Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Desc Voluntary Petition Page 39 of 44

| First Name t 7: List Certain Paym | | BROWN | Case number (if known) |
|---|--|---------------------------------------|--|
| 170 Liet Cortain Bayen | Middle Name | Last Name | |
| A LIST CEITAIN FAYIN | ents or Transfers | | |
| | | | |
| | | | ehalf pay or transfer any property to anyone you consulted about |
| ring bankruptcy or preparing | | | |
| _ | peulion preparers, or c | redit counseling agencies for service | s required in your bankrupicy. |
| ÍNo | | | |
| Yes. Fill in the details. | | | |
| | | on and value of any property transi | erred Date payment or Amount of payment |
| | Description | on and value of any property dansi | transfer was made |
| erson Who Was Paid | | | |
| | | | |
| umber Street | | | |
| | Polycopie Angel | | |
| | | | |
| | e - Joule Wi | | |
| ity State 2 | ZIP Code | | ** |
| | 740 | | |
| mail or website address | - 0.000 to 10.000 to 10.00 | | |
| areas M/h a Marda tha Daymant | is New Your | | |
| erson Who Made the Payment, | II NOL TOU | | in transmission (graphers) to 0.000 (200 Care Care Care Care Care Care Care Care |
| al with your creditors or to ma not include any payment or tra | nsfer that you listed on l | ine 16. | |
| not include any payment or tra | nsfer that you listed on l | ine 10. | |
| | nsfer that you listed on l | ine 16. | |
| not include any payment or tra 1No | | | Processor Append of pagent |
| not include any payment or tra ¶No | | on and value of any property transf | erred Date payment or Amount of payment transfer was made |
| not include any payment or tra ¶No]Yes. Fill in the details. | | | |
| not include any payment or tra 1No | | | |
| not include any payment or tra No Yes. Fill in the details. erson Who Was Paid | | | |
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| not include any payment or tra No Yes. Fill in the details. erson Who Was Paid | | | |
| not include any payment or tra No Yes. Fill in the details. erson Who Was Paid | | | |
| not include any payment or tra No Yes. Fill in the details. erson Who Was Paid umber Street | | | |

Official Form 107

Case 19-22928-JAD Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Desc Voluntary Petition Page 40 of 44

| | First Name | Middle | Name Last Name | | | |
|--|--|---|--|--|--|---|
| | | | Description and value of property | Describe any prope | ty or payments received | Date transfer was |
| | | | transferred | or debts paid in exc | | made |
| Domes M. | Donoised Transfe | | | of the second | | |
| Person Who | Received Transfer | | aggeria de la companya de la company | School by the state of the stat | | |
| Number S | itreet | | e de la composição de l | 156.64.2.000 (m | 10 Zin-4-1 + 400 | |
| radiliber 3 | ucci | | no. | Size Constant | described and the state of the | |
| | | | T. company | en Cara, SI TAPA (A | desire exercises | |
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| City | State Z | IP Code | . В чение чения в постоя чения выполнять постоя не постоя не в постоя не постоя чения в постоя чения в постоя не пос | त्राम्बद्धान्त्र स्थापनिकारम् । स्थापनिकारम् । स्थापनिकारम् । स्थापनिकारम् । स्थापनिकारम् । स्थापनिकारम् । स्थ स्थापनिकारम् | er ag versar an versammen er er er er an versammen er | |
| Person's rela | ationship to you | | | | | |
| THE SPECIAL SECURITION OF SPECIAL SPEC | | n on were seen of the management of the see | - 2015 - | | | |
| ₩No | set-protection devicent | • | Description and value of the propert | N tansferred | | Date transfer was |
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| | | | | d delentation as an all the entertine the entertine the entertine the entertine the entertine that the deleter | | |
| art 8: List | Cortain Financ | rial Acce | uints Instruments Safe Denos | sit Royes and Storage | | |
| art 8: List | Certain Financ | cial Acco | ounts, Instruments, Safe Depos | sit Boxes, and Storage | e Units | |
| | | | | | | sed, sold, moved, or |
|). Within 1 yeansferred? | ear before you filed | l for bankr | uptcy, were any financial accounts or i | nstruments held in your na | nne, or for your benefit, clo | |
|). Within 1 ye ansferred? clude checkir | ear before you filed | l for bankr market, or | uptcy, were any financial accounts or in other financial accounts; certificates of de | nstruments held in your na | nne, or for your benefit, clo | |
|). Within 1 ye ansferred? clude checkir poperatives, a | ear before you filed | l for bankr market, or | uptcy, were any financial accounts or in other financial accounts; certificates of de | nstruments held in your na | nne, or for your benefit, clo | |
| D. Within 1 yeansferred? clude checkir coperatives, a | ear before you filed ng, savings, money associations, and ot | l for bankr market, or | uptcy, were any financial accounts or in other financial accounts; certificates of de | nstruments held in your na | nne, or for your benefit, clo | |
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| . Within 1 yeansferred? clude checkir operatives, a | ear before you filed ng, savings, money associations, and ot | l for bankr market, or | uptcy, were any financial accounts or in other financial accounts; certificates of de | nstruments held in your na eposit; shares in banks, cred Type of account or | ame, or for your benefit, clo dit unions, brokerage houses Date account was | s, pension funds, |
| . Within 1 yeansferred? clude checkir operatives, a | ear before you filed ng, savings, money associations, and ot | l for bankr market, or | uptcy, were any financial accounts or in other financial accounts; certificates of de al institutions. | nstruments held in your na eposit; shares in banks, cred | nne, or for your benefit, clo | s, pension funds, |
| o. Within 1 ye ansferred? clude checkir operatives, a Mo Yes. Fill in | ear before you fileding, savings, money associations, and of the details. | l for bankr market, or | uptcy, were any financial accounts or in other financial accounts; certificates of de al institutions. | nstruments held in your na eposit; shares in banks, cred Type of account or | dit unions, brokerage houses Date account was closed, sold, moved, or | s, pension funds, Last balance before closing or |
| a. Within 1 ye ansferred? clude checkir operatives, a ☑ No ☐ Yes. Fill in | ear before you filed ng, savings, money associations, and ot | l for bankr market, or | uptcy, were any financial accounts or in other financial accounts; certificates of de al institutions. | nstruments held in your na eposit; shares in banks, cred Type of account or | dit unions, brokerage houses Date account was closed, sold, moved, or | s, pension funds, Last balance before closing or |
| . Within 1 ye unsferred? clude checkir operatives, a Yes. Fill in | ear before you filed ng, savings, money associations, and of the details. | l for bankr market, or | uptcy, were any financial accounts or in other financial accounts; certificates of de al institutions. Last 4 digits of account number | nstruments held in your na eposit; shares in banks, cred Type of account or instrument | dit unions, brokerage houses Date account was closed, sold, moved, or | s, pension funds, Last balance before closing or |
| D. Within 1 yes ansferred? clude checkir poperatives, a ☑ No ☐ Yes. Fill in Name of Finan | ear before you fileding, savings, money associations, and of the details. | l for bankr market, or | uptcy, were any financial accounts or in other financial accounts; certificates of de al institutions. Last 4 digits of account number | nstruments held in your na eposit; shares in banks, crea Type of account or instrument Checking | dit unions, brokerage houses Date account was closed, sold, moved, or | s, pension funds, Last balance before closing or |
| D. Within 1 yes ansferred? clude checkir poperatives, a ☑ No ☐ Yes. Fill in Name of Finan | ear before you filed ng, savings, money associations, and of the details. | l for bankr market, or | uptcy, were any financial accounts or in other financial accounts; certificates of de al institutions. Last 4 digits of account number | nstruments held in your na eposit; shares in banks, cred Type of account or instrument Checking Savings | dit unions, brokerage houses Date account was closed, sold, moved, or | s, pension funds, Last balance before closing or |
| D. Within 1 yes ansferred? clude checkir poperatives, a ☑ No ☐ Yes. Fill in Name of Finan | ear before you filed ng, savings, money associations, and of the details. | l for bankr market, or | uptcy, were any financial accounts or in other financial accounts; certificates of de al institutions. Last 4 digits of account number | Type of account or instrument Checking Savings Money market | dit unions, brokerage houses Date account was closed, sold, moved, or | s, pension funds, Last balance before closing or |
| O. Within 1 yeansferred? clude checkir coperatives, a V No Yes. Fill in Name of Finan Number S | ear before you filed ag, savings, money associations, and of a the details. | I for bankr market, or her financi | uptcy, were any financial accounts or in other financial accounts; certificates of de al institutions. Last 4 digits of account number | Type of account or instrument Checking Savings Money market Brokerage | dit unions, brokerage houses Date account was closed, sold, moved, or | s, pension funds, Last balance before closing or |
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| O. Within 1 yeansferred? clude checkir coperatives, a V No Yes. Fill in Name of Finan Number S | ear before you filed ag, savings, money associations, and of a the details. | I for bankr market, or her financi | uptcy, were any financial accounts or in other financial accounts; certificates of de al institutions. Last 4 digits of account number | Type of account or instrument Checking Savings Money market Brokerage | dit unions, brokerage houses Date account was closed, sold, moved, or | s, pension funds, Last balance before closing or |
| 0. Within 1 ye ansferred? Idude checkir coperatives, a 1 No Yes. Fill in Name of Final | ear before you filed ag, savings, money associations, and of a the details. | I for bankr market, or her financi | uptcy, were any financial accounts or in other financial accounts; certificates of de al institutions. Last 4 digits of account number | Type of account or instrument Checking Savings Money market Brokerage | dit unions, brokerage houses Date account was closed, sold, moved, or | s, pension funds, Last balance before closing or |

Case 19-22928-JAD Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Desc Voluntary Petition Page 41 of 44

| otor 1 | THOMAS | | BROWN | | Case number (if known) | |
|------------------|-------------------------|---|---------------------------------------|-----------------|--|--|
| | First Name | Middle Name | Last Name | | | |
| Do you n | now have or did you | havo within 1 war before | you filed for banks | untou any caf | e deposit box or other depository for securiti | ae caeh arathar |
| luables? | low have, or aid you | nave widum r year before | you med for banks | ирксу, ану зан | deposit box of other depository for security | es, casii, or ouler |
| √ No | | | | | | |
| ☐Yes. Fil | ll in the details. | | | | | |
| | | Who else l | nad access to it? | | Describe the contents | Do you still have |
| | | | | | A Section of the second section of the section of the second section of the sect | M? |
| | | | | | | □No |
| Name of Fi | nancial Institution | Name | | | | ☐Yes |
| Number | Street | Number S | treet | | | and the second s |
| | | | | | | Configuration of |
| | | City | State Zli | P Code | | k, roberkisti (smold |
| City | State Z | IP Code | | | | |
| | | | | | | |
| Have ver | u atomal proporty in | a atamaa unit ar plaas at | horthon vour home | within 1 was | before you filed for bankruptcy? | |
| Mo No | a castou property III (| a carrage unit of place of | ioi dian your nome | · ···umi i year | soloto you men tot sulmupusy: | |
| | Il in the details. | | | | | |
| 103. 1 (| ii iii ule details. | | | 14. | | |
| | | Who else I | nas or had access t | D#? | Describe the contents | Do you still have it? |
| | | CONTRACTOR OF THE PROPERTY OF | e e e e e e e e e e e e e e e e e e e | | | □No |
| Name of St | torage Facility | Name | | | | ☐Yes |
| | | | | | | |
| Number | Street | Number S | Street | | · contribution of | |
| | | | | | | Action property and the |
| | | City | State ZH | P Code | | |
| City | State Z | IP Code | | | | .2 |
| | | | | | | |
| rt 9: Ide | entify Property \ | You Hold or Control 1 | or Someone Ele | se | | |
| | | | | | | |
| . Do you h | nold or control any p | roperty that someone els | e owns? Include an | y property yo | u borrowed from, are storing for, or hold in tr | ust for someone. |
| √ No | | | • | | | |
| ☐Yes. Fil | ll in the details. | | | | | |
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Case 19-22928-JAD Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Desc Voluntary Petition Page 42 of 44

| | | | | ROWN | Case number (if known) | ······································ |
|---------------------------|---|--|--|---|--|--|
| | First Name | Middle | Name L | ast Name | | |
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| City | State | ZIP Code | | | | nerdi |
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| t 10: Gi | ive Details Ab | out Environ | mental Inform | ation | | |
| | | | | | | |
| r the purpo | ose of Part 10, the | e following de | finitions apply: | | | |
| Environm | ental law means a | ıny federal, sta | ite, or local statute | or regulation concernir | ng pollution, contamination, releases of hazardous or to | oxic substances, waste |
| or materia | | - | | • | luding statutes or regulations controlling the cleanup of | |
| | ns any location, fac disposal sites. | cility, or propert | y as defined under | any environmental law | , whether you now own, operate, or utilize it or used to | own, operate, or utilize |
| • | - | anvthing an er | nvironmental law de | efines as a hazardous v | waste, hazardous substance, toxic substance, hazardo | us material, pollutant. |
| | ant, or similar tem | | | | ,, | , p , |
| port all no | tices, releases, an | d proceeding | s that you know al | bout, regardless of wi | hen they occurred. | |
| ☑ No ☑ Yes. Fill | in the details. | | | | | |
| | | | Governmental u | nit | Environmental law, if you know it | Date of notice |
| | | | | | | Date of rouce |
| Name of site | • | | Governmental unit | | | Dair of Houce |
| Name of site | • | ······································ | | | | |
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Case 19-22928-JAD Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Desc Voluntary Petition Page 43 of 44

| ntor 1 | THOMAS | | BROWN | Case number (if kr | (OWI) |
|---|---|--|--|--|--|
| | First Name | Middle Name | Last Name | | |
| | | Governm | ental unit | Environmental law, if you know it | Date of notice |
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| Name of site | • | Government | tal unit | - Noode-equi | |
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| | | | | | |
| 6. Have you | been a party in any | judicial or administrati | ive proceeding under any | environmental law? Include settlements and | orders. |
| √ No | | | | | |
| Yes. Fill | in the details. | | | | |
| | | Court or a | agency | Nature of the case | Status of the case |
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| Case title _ | | | | - Constitution | □ Pending |
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Doc 1 Filed 07/24/19 Entered 07/24/19 12:06:36 Case 19-22928-JAD Voluntary Petition Page 44 of 44 Debtor 1 **THOMAS BROWN** Case number (if known) First Name Middle Name Last Name 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. M No Yes. Fill in the details below. Date issued Name MM / DD / YYYY Number Street City Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Signature of THOMAS BROWN, Debtor 1 Signature of Date 06/26/2019 Date_ Did you attach additional pages to your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

Attach the Bankruptcy Petition Preparer's Notice,

Declaration, and Signature (Official Form 119).

∑No □Yes

☑No

Yes. Name of person _

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?